

**FAX BACK FORM**



In order to process your shipment, we require you to fill in your credit card details, as stated below.  
When you have done this please could you fax back the signed form to the following number

**Fax Number 00 44 (0) 870 737 1206**

Any problems please ring 0870 737 1200

<b>Invoice Number</b>	
<b>Airway Bill Number</b>	

**CARD HOLDER DETAILS**

Card Holder Name *(as written on card)*

Valid from

Valid To

Security Code

*Last 3 digits on back of card*

Issue No.

*If applicable*

Type of Card \_\_\_\_\_

Card Holders Address

Postcode/Zip

Card Number

I hereby authorise City Air Express Ltd to charge my credit/debit card the amount of:-

Sub Total	
V.A.T. (17.5%)	
<b>TOTAL</b>	

Signature \_\_\_\_\_

Date \_\_\_\_\_